PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLETE	E THIS CLAIM FOR STATE REIMBURSEMENT FO	R SCHOOL BUS TRANSPORTATION:

perintendent ATION: This claim is for the period beginning and ending _, 20_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 09 Custer 0172 Miles City Elem **Elementary** Route Days District Miles Rate **Bus Driver's** Per Day Per Mile Inspection Operated Social Security # Percentage # Capacity 3 100 1 70 0.95 47 01/07/05 4 40 01/07/05 100 1 0.95 16

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100

63

5A

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

112.4

1.15

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus T	ranspor	rtation	County	
DUE DATES:		February 1 February 1	to Cou				•	o County	Semester Superintende uperintendent	nt	
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORT	ATION:		
This clain	m is for the	period beginning	!		,	20 and en	ding		, 20	_•	
				month	day		m	onth	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:					District Level:		
09 Custo	er		0187	Kinsey E	lem				Elementary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper	•	Bus Drive Social Secur	
100	63	5		112.4	1.57	72	01/07/05				

52

None

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		- Hele	ena, ivi i	59620-25	01			•	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					T FOD SOU	May 24 to	Second Semester County Supering State Superinter	tendent ndent
This clair	n is for the per	riod beginning	,	nonth	, 2 day	20 and en	dingm	onth da	20 y
CERTIF	ICATION:								-
The infor	mation on this	form is comp	lete and	accurate to the	e best of my kno	wledge.			
Date			Signatur	e, Chair, Board	d of Trustees				
County: District:						District Lev	vel:		
09 Custer 0192 Custer County			County H S			High So	chool		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1		119	1.15	57	01/07/05		
		2		98	1.15	54	None		· · · · · · · · · · · · · · · · · · ·

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